Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective January 1, 2003                                                                                                                                                            |                                                |                                           |                |                               |                      |                  |          | 10667170          |                        |       |                               |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------|-------------------------------|----------------------|------------------|----------|-------------------|------------------------|-------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                       |                                                |                                           |                |                               |                      |                  |          | SMALL ENTITY TYPE |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS                                                                                                                                                                         |                                                |                                           | 46             |                               |                      |                  | RAT      | E                 | FEE                    |       | RATE                          | FEE                    |  |
| FOR .                                                                                                                                                                                |                                                |                                           | NUMBER FILED   |                               | NUMB                 | NUMBER EXTRA     |          | FEE               | 375.00                 | OR    | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                              |                                                |                                           | 46 minus 20=   |                               | * 26                 |                  | X\$ 9    | )=                |                        | OR    | X\$18=                        | 468                    |  |
| INDEPENDENT CLAIMS                                                                                                                                                                   |                                                |                                           | ـــ/ minus 3 = |                               | * )                  |                  | X42      | =                 |                        | OR    | X84=                          | 94                     |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                     |                                                |                                           |                |                               |                      | +140             | )=       |                   | OFI                    | +280= | 7-                            |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                             |                                                |                                           |                |                               |                      |                  | TOTA     |                   |                        | OR    | TOTAL                         | 1302                   |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                          |                                                |                                           |                |                               |                      |                  |          | `-                |                        | 1011  | OTHER                         | V                      |  |
| 10-9-07 (Column 1) (Column 2) (Column 3)                                                                                                                                             |                                                |                                           |                |                               |                      |                  | SMA      | LLE               | ENTITY                 | OR    | SMALL                         | ENTITY                 |  |
| AMENDMENT A                                                                                                                                                                          |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA | RAT      | E                 | ADDI-<br>TIONAL<br>FEE | •     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                      | Total                                          | . 45                                      | Minus          | ** 4                          | 6                    | =                | X\$ 9    | =                 |                        | OR    | X\$18=                        |                        |  |
|                                                                                                                                                                                      | Independent                                    | * 6                                       | Minus          | ***                           | 5 "                  | =                | X42      | =                 |                        | OR    | X84=                          | ·                      |  |
|                                                                                                                                                                                      | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE     | PENDENT                       | CLAIM                | <del></del>      | +140     | =                 |                        | OR    | +280=                         |                        |  |
|                                                                                                                                                                                      |                                                |                                           |                |                               |                      |                  | TO       |                   | ·                      | OR    | TOTAL                         | 0                      |  |
|                                                                                                                                                                                      |                                                | (Column 1)                                |                | (Colu                         | mn 2)                | (Column 3)       | ADDIT. I | FEE               |                        |       | ADDIT. FEE                    |                        |  |
| AMENDMENT B                                                                                                                                                                          |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA | RAT      | E                 | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                      | Total                                          | *                                         | Minus          | **                            |                      | =                | X\$ 9    | =                 |                        | OR    | X\$18=                        |                        |  |
|                                                                                                                                                                                      | Independent                                    | *                                         | Minus          | ***                           |                      | -                | X42      | -                 |                        | OR    | X84=                          |                        |  |
| _                                                                                                                                                                                    | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE     | PENDEN                        | CLAIM                |                  | +140     | _                 |                        | OR    | +280=                         |                        |  |
|                                                                                                                                                                                      |                                                |                                           |                |                               |                      |                  | TO       | TAL               |                        | OR    | TOTAL                         |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                     |                                                |                                           |                |                               |                      |                  |          | EE                |                        | 10    | ADDIT. FEE                    |                        |  |
| 1                                                                                                                                                                                    |                                                | CLAIMS                                    |                | HIGH                          | IEST                 |                  |          | _                 | ADDI-                  |       |                               | ADDI-                  |  |
| AMENDMENT C                                                                                                                                                                          |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                | PREVIO PAID                   | DUSLY                | PRESENT<br>EXTRA | RATI     | Ē                 | TIONAL<br>FEE          |       | RATE                          | TIONAL<br>FEE          |  |
| NOW                                                                                                                                                                                  | Total                                          | *                                         | Minus          | **                            |                      | =                | X\$ 9    | _                 |                        | OR    | X\$18=                        |                        |  |
|                                                                                                                                                                                      | Independent                                    | *                                         | Minus          | ***                           |                      | =                | X42:     | _                 | _                      |       | X84=                          |                        |  |
| الـُـــ                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                |                               |                      |                  |          | $\dashv$          |                        | OR    | <del></del>                   |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                |                                                |                                           |                |                               |                      |                  |          |                   |                        | OR    | +280=                         |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** TOTAL ADDIT. FEE  OR ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE |                                                |                                           |                |                               |                      |                  |          |                   |                        |       |                               |                        |  |